

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	STRUCTURE ANALYSIS AND DEFECT DETECTION SYSTEM																						
Application Number :																							
Date :																							
First Named Applicant:		John C. Tsai																					
Attorney Docket Number:		60617.301501																					
TOTAL FEE AUTHORIZED \$ 520																							
Patent fees are subject to annual revisions on or about October 1st of each year.																							
Filing as small entity																							
BASIC FILING FEE																							
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	385	385				Subtotal For Basic Filing Fees: \$ 385								
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			Subtotal For Basic Filing Fees: \$ 385																				
EXTRA CLAIM FEES																							
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claims</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 35</td><td>15</td><td>2202</td><td>9</td><td>135</td></tr><tr><td>Independent Claims : 2</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 135</td></tr></tbody></table>				Fee Description	Extra Claims	Fee Code	Amount \$	Fee Paid \$	Total Claims : 35	15	2202	9	135	Independent Claims : 2	0	2201	43	0				Subtotal For Extra Claims Fees: \$ 135	
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AUTHORIZED BILLING INFORMATION																							
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																							
Deposit account number:		083240																					
Access Code		****																					
Deposit name:		Intellectual Property Law Offices																					
Deposit authorized name:		Raymond E. Roberts																					
Signature:		RER60617.301501																					
Date (YYYYMMDD):		2003-11-12																					
Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																							

Adjustment date: 03/12/2004 BHABTEW 10605994
11/13/2003 EFSPROD 00000016 083240 10605994
02 FC:2202 135.00 CR
03/12/2004 BHABTEW 00000003 083240 10605994
01 FC:2202 135.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10605994

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	34	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	34 minus 20 =	* 14
INDEPENDENT CLAIMS	2 minus 3 =	* —
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐

OR OTHER THAN
SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
X\$ 9=	126
X43=	
+145=	
TOTAL	511

RATE	FEE
BASIC FEE	770.00
X\$18=	
X86=	
+290=	
TOTAL	

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total *	Minus **	=
	Independent *	Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total *	Minus **	=
	Independent *	Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

RATE	ADDI- TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total *	Minus **	=
	Independent *	Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

RATE	ADDI- TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.